



**Renewal Application  
for  
State Sexually Transmitted Disease (STD) Services**

**Application Due Date:  
April 30, 2003**

**Bureau of HIV/STD Prevention**  
**<http://www.tdh.state.tx.us/hivstd/>**  
1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756-3199  
Issued: February 28, 2003

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George McCleskey, B.B.A., J.D.  
Chair, Texas Board of Health

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Eduardo J. Sanchez, M.D., M.P.H.  
Commissioner

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## INFORMATION

### I. INTRODUCTION

Current TDH contractors receiving State STD Services funds from the Texas Department of Health are requested to submit a renewal application for the September 1, 2003, through August 31, 2004, budget period. Renewal contracts will begin on or about September 1, 2003, and will be for a 12-month budget period.

The Texas Department of Health (TDH) reserves the right to negotiate any terms and conditions including budget amounts and allocations. Any contract renewal is contingent upon the continued availability of funding to TDH.

The purpose of the State Sexually Transmitted Disease (STD) subgrants is to conduct programs to control and prevent the spread of STDs, including human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and viral hepatitis. STD and HIV/AIDS control and prevention in the State of Texas consists of six core activities:

- Community and Individual Behavior Change
- Medical and Laboratory Services
- Partner Services
- Leadership and Program Management
- Surveillance and Data Management, and;
- Training and Professional Development.

Specific objectives under each of the core activities are:

#### COMMUNITY/INDIVIDUAL BEHAVIOR CHANGE

In collaboration with Community Planning Groups (CPGs), local STD programs will continue to provide STD expertise to assist the community planning process.

STD programs will develop, in collaboration with other community entities, two projects to enhance community behavioral change.

Provide targeted screening of high-risk populations such as adolescents, incarcerated persons, drug abusers, residents of high morbidity zip codes, etc. in non-STD clinic settings.

#### MEDICAL AND LABORATORY SERVICES

Continue targeted screening of high-risk populations such as adolescents, incarcerated persons, drug abusers, residents of high morbidity zip codes, etc. in non-STD clinic settings. [This objective is also under Community and Individual Behavior Change.]

Assure adequate treatment of 90% of CT-infected and GC-infected women identified through publicly funded screening sites.

Eighty-five (85%) of in-jurisdiction neonatal and prenatal reactive serologic tests for syphilis (STS) reported will be dispositioned within seven calendar days.

Ensure that 80% of reactive STS from in-jurisdiction laboratories are reported to the local STD program within 7 calendar days of the test result. [This objective is also under Surveillance and Data Management.]

Ensure that 75% of initiated reactive STS are closed to final disposition within 7 calendar days of initiation.

## PARTNER SERVICES

At least 85% of interviewed early syphilis cases will be interviewed for sex partners, suspects, and associates within 72 hours of confirmation of the case report.

Ensure that syphilis case management activities result in disease intervention for at least 60% of syphilis cases interviewed.

Achieve a partner index of at least 2.0 for early syphilis cases interviewed by DIS.

Locate and provide prevention counseling and partner elicitation (PCPE) to 90% of confidentially tested HIV-positive clients assigned for follow-up to STD staff.

Achieve a partner index of at least 2.0 for newly diagnosed HIV-positive cases interviewed by DIS.

Sex and needle sharing partners to HIV-positive clients will be initiated for prevention counseling and HIV testing. Seventy-five percent (75%) of the initiated new sex and needle-sharing partners of HIV-positive clients will receive HIV testing.

Ensure that 90% of HIV-positive clients provided Prevention Counseling Partner Elicitation (PCPE) successfully complete their first early intervention appointment.

## LEADERSHIP AND PROGRAM MANAGEMENT

Ensure the availability of personnel and material resources for deployment in the event of the initiation of an outbreak response.

Ensure that the program has systems in place to report morbidity and rapidly follow-up high priority cases.

## SURVEILLANCE AND DATA MANAGEMENT

Ensure 85% completion rate of the race and ethnicity elements for chlamydia and gonorrhea reporting. (1999 baseline: chlamydia 76% completed; gonorrhea 81%

completed).

Ensure that 80% of reactive STS from in-jurisdiction laboratories are reported to the local STD program within 7 calendar days of the test result.

#### TRAINING AND PROFESSIONAL DEVELOPMENT

Collaborate with TDH's Training and Public Education Branch to identify strategies to address perceived and actual barriers to accessing staff training and development opportunities.

## II. RENEWAL APPLICATION DEADLINE AND SUBMISSION

### A. Deadline

The renewal application shall be received on or before the following date and time: **5:00 P.M. CDT on April 30, 2003.**

### B. Assembly and Submission

#### 1. Assembly

To facilitate review and processing, each renewal application should meet the following stylistic requirements:

- All pages clearly and consecutively numbered
- original and two (2) copies unbound
- Typed (computer or typewriter)
- Single-spaced
- 12-point font on 8 ½" x 11" paper with 1" margins
- Blank forms provided in **SECTION VI. BLANK FORMS AND INSTRUCTIONS** shall be used (electronic reproduction of the forms is acceptable)
- Signed in ink by an authorized official (copies need not bear an original signature).

#### 2. Submission

The originally signed renewal application, two (2) copies and an electronic copy on diskette shall be submitted to:

ASC ADCP - Contracting Section  
Texas Department of Health  
1100 West 49th Street, Room G-301  
Austin, Texas 78756-3199  
Attn: Sharon Golden

One copy of the signed renewal application shall be submitted to the HIV/STD Program Manager for your Public Health Region (PHR). A list of these program managers can be found at:

<http://www.tdh.state.tx.us/hivstd/fieldops/page7.htm>

The physical address for overnight and personal deliveries is:

Administrative Service Center  
Associateship for Disease Control and Prevention  
Texas Department of Health  
1100 West 49th Street, Room G-301, Extension 6562  
Austin, Texas 78756-3199

TDH will not accept renewal applications by facsimile or e-mail.

Renewal applications may be mailed or hand-delivered to the TDH program address above on or before the deadline.

If a renewal application is hand-delivered to the TDH program address above, applicants should request a receipt at the time of delivery to verify that the application was received by the appropriate program on or before the due date and time.

If a renewal application is mailed, it is considered as meeting the deadline if it is received on or before the due date and time.

## ORGANIZATION AND CONTENT

### III. RENEWAL APPLICATION ORGANIZATION AND CONTENT

The renewal application should be organized in the following order:

- A. Face Page - Renewal Application for State STD Services
- B. Renewal Application Checklist
- C. Contact Person Information
- D. Administrative Information
- E. Performance Measures
- F. Work Plan
- G. Budget and Budget Justification

#### Other Required Forms and Documentation

- HIV Contractor Assurances
- Training Needs Projection for the contract year (introductory DIS training, cultural competency, supervisory and customized training)
- Agency Rapid Response Plan
- Current organizational chart of personnel assigned to perform HIV/STD Program activities, beginning with the supervisor of the STD Program Manager

### IV. BLANK FORMS AND INSTRUCTIONS

Only the forms contained in this packet may be used to submit the renewal application. Additional copies of forms and electronic versions of the forms may be obtained at <http://www.tdh.state.tx.us/hivstd/grants/default.html>.

To use the check box, place the pointer over the box and double click the left mouse button. In the Check Box Form Field Options, change the Default Value to Checked by clicking the circle in front of it.

#### Unlocked Forms

To have the computer do the addition:

1. Completely fill out the column or row you are going to sum. If you are summing all of the totals, update the sum all of the columns and all of the rows before updating the sum of the totals.

2. Word will **not** update the totals automatically. Select the form field for the sum in one of the following ways:
  - Use the tab key to move from field to field or place the cursor immediately in front of the “0” or previous total with gray shading.
  - Drag the cursor over the “0” or previous total with gray shading so that only number is selected. Note: If the entire table cell is selected (black), the formula will not work and you risk deleting the form field.

**Tip:** The first time you use the forms, the totals are all “0” with gray shading. Before updating a total, Zoom in until you can easily see the “0” and the gray shading.
3. Press the F9 key (usually at the top of the keyboard).
4. Check the results. If it looks wrong, check the numbers you put in the row or column.

**Caution:** Never delete the form field for the total (the “0,” or previous total, with gray shading). The formulas will not work after the form field for the total is deleted. Selecting the field and typing over it will delete the field. The Backspace key will delete the field. The Delete key will delete the field.

**Tip:** You must update the totals for the columns and rows each time you change a number in that column or row.

### **Locked Forms**

Fill in the form by entering information in the form fields. You can use the TAB and SHIFT + TAB or the arrow keys to move between fields.

To have the computer do the addition:

1. Use the tab key to move from field to field. Completely fill out the column or row you are going to sum.
2. Word will **not** update the totals automatically. On the Tools menu, click Options, and then click the Print tab.
3. Under Printing options, click the Update fields check box. Print the document or the changed page and the new sum will be calculated.
4. Check the results. If it looks wrong, check the numbers you put in the row or column.

**Tip:** You must update the totals for the columns and rows each time you change a number in that column or row.





Texas Department of Health

**FORM A: FACE PAGE – Renewal Application for State STD Services**

*This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the renewal application and shall be completed in its entirety.*

APPLICANT INFORMATION				
<b>1) LEGAL NAME:</b>				
<b>2) MAILING Address Information</b> (include mailing address, street, city, county, state and zip code): <span style="float: right;">Check if address change <input type="checkbox"/></span>				
<b>3) PAYEE Mailing Address</b> (if different from above): <span style="float: right;">Check if address change <input type="checkbox"/></span>				
<b>4) Federal Tax ID No.</b> (9 digit) or <b>State of Texas Comptroller Vendor ID No.</b> (14 digit):				
<b>5) TYPE OF ENTITY</b> (check all that apply): <table style="width: 100%; border: none;"><tr><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe</td><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization</td><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Individual <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____</td></tr></table> <p><i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i></p>		<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization	<input type="checkbox"/> Individual <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization	<input type="checkbox"/> Individual <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____		
<b>6) Currently operating under a HUB Subcontracting plan on file at TDH?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>				
<b>7) PROPOSED BUDGET PERIOD:</b> <span style="float: right;">Start Date: _____ End Date: _____</span>				
<b>8) COUNTIES SERVED BY PROJECT:</b>				
<b>9) AMOUNT OF FUNDING REQUESTED:</b>  <b>10) PROJECTED EXPENDITURES</b> Does applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? **  Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related TDH funds.</i>	<b>11) PROJECT CONTACT PERSON</b>  Name: _____ Phone: _____ Fax: _____ E-mail: _____  <b>12) FINANCIAL OFFICER</b>  Name: _____ Phone: _____ Fax: _____ E-mail: _____			
<p>I, the undersigned, am the authorized representative of the applicant filing this contract renewal application. The facts contained herein are true, and the applicant is in compliance with the assurances and certifications contained in the competitive RFP identified above, which is part of the original contract and any prior renewals and amendments. I understand that this contract renewal depends on the truthfulness of this document and on the applicant's continued compliance with the original contract and all its components and amendments.</p>				
<b>13) AUTHORIZED REPRESENTATIVE</b>  Name: _____ Phone: _____ Fax: _____ E-mail: _____	<b>14) SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>  <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <b>15) DATE</b>			

## FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the Texas Department of Health (TDH), including the signature of the authorized representative. It is the cover page of the renewal application and required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in the identified Competitive Request for Proposal and the original TDH contract, any renewal(s) or amendment(s). Applicant acknowledges that continued compliance is a condition for the renewal of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

- 1) **LEGAL NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE MAILING ADDRESS** - Enter the PAYEE's name and mailing address if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit).
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the General Services Commission or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **CURRENTLY OPERATING UNDER A HUB SUBCONTRACTING PLAN ON FILE AT TDH? YES OR NO** - Check the appropriate box to indicate whether or not the applicant is operating under a HUB Subcontracting Plan filed with TDH under the original competitive RFP. If yes, the applicant must continue to comply with reporting requirements if a renewal contract is executed. Any changes to the budget which affect the HUB Subcontracting Plan must be communicated with the TDH HUB Coordinator at 1-800-243-7487 or by e-mail at [al.beavers@tdh.state.tx.us](mailto:al.beavers@tdh.state.tx.us). If no is checked, no further action is required.
- 7) **PROPOSED BUDGET PERIOD** - Enter budget period as identified in this renewal application.
- 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 9) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from TDH for proposed project activities. This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 10) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year, applicant shall arrange for a financial and compliance audit (Single Audit).
- 11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.

**FORM A: FACE PAGE Instructions continued**

- 12) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 13) **AUTHORIZED REPRESENTATIVE** - Enter the name, phone, fax, and e-mail address of the person authorized to represent the applicant.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant signs in this blank.
- 15) **DATE** - Enter the date the person authorized to represent the applicant signed this form.

## FORM B: RENEWAL APPLICATION CHECKLIST

For  
State STD Services

**Legal Name of Applicant:** \_\_\_\_\_

*This form is provided to ensure that the renewal application is complete and properly signed.*

FORM	DESCRIPTION	Included
A	Face Page – Renewal Application completed, and proper signatures and date included	<input type="checkbox"/>
B	Renewal Application Checklist completed and included	<input type="checkbox"/>
C	Contact Person Information completed and included	<input type="checkbox"/>
D	Administrative Information for Renewal Application completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>
E	Performance Measures included	<input type="checkbox"/>
F	Work Plan included	<input type="checkbox"/>
G	Budget Summary Form completed and included	<input type="checkbox"/>
G-1	Budget Justification included	<input type="checkbox"/>
	Other Required Documentation and Bureau Forms :	
	▪ Bureau of HIV/STD Prevention Assurances	<input type="checkbox"/>
	▪ Training Needs Projection for the contract year (introductory DIS training, cultural competency, supervisory and customized training)	<input type="checkbox"/>
	▪ Agency Rapid Response Plan	<input type="checkbox"/>
	▪ Current organizational chart of personnel assigned to perform HIV/STD Program activities, beginning with the supervisor of the STD Program Manager	<input type="checkbox"/>

## FORM C: PROGRAM CONTACT INFORMATION

### For State STD Services Renewal Application

Legal Name of Applicant: \_\_\_\_\_

*This form provides information about the appropriate program contacts in the applicant's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please notify the Field Operations Branch of the HIV/STD Health Resources Division.*

<b>[program name] Contact:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b>
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____
<b>[program name] Contact:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b>
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____
<b>[program name] Contact:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b>
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____
<b>[program name] Contact:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b>
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____
<b>[program name] Contact:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b>
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____

## FORM D: ADMINISTRATIVE INFORMATION

For

### State STD Services Renewal Application

*This form provides information regarding identification and contract history on the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information **or provide the required supplemental document behind this form**. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.*

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**Legal Name of Applicant:** \_\_\_\_\_

#### **Identifying Information**

If there are no changes to any of the items below, check here and skip the next question in this section. ☐

**1. The applicant shall attach the following information:**

**If a Governmental Entity**

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.

**If a Nonprofit or For profit Corporation**

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for profit corporation.

#### **Conflict of Interest and Contract History**

If there are no changes to any of the items below, check here and skip the questions in this section. ☐

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this renewal application. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with TDH, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this renewal application. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of TDH, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination. If, following a review of this information, it is determined by TDH that a conflict of interest exists, the applicant may be disqualified from further consideration for the renewal of a contract.

**1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this renewal application?**

☐ YES ☐ NO

*If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)*

**2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the renewal application due date?**

☐ YES ☐ NO

*If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.*

**FORM D: ADMINISTRATIVE INFORMATION – continued**

**3. Is applicant or any member of applicant's executive management, project management, board members or principal officers:**

- delinquent on any state, federal or other debt;
- affiliated with an organization which is delinquent on any state, federal or other debt; or
- in default on an agreed repayment schedule with any funding organization?

☐ **YES**      ☐ **NO**

*If YES, please explain. (Attach no more than one additional page.)*

## FORM E: PERFORMANCE MEASURES

### For State STD Services

*In the event a contract is renewed, applicant agrees that performance measures(s) will be used to assess, in part, the applicant's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this renewal application. **A maximum of five (5) additional pages may be attached if needed.***

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## **FORM E: PERFORMANCE MEASURE Guidelines**

### **For State STD Services**

Applicant shall include the performance measures in the renewal application along with the proposed target levels of performance for each measure. The proposed target levels of performance and reporting frequency will be negotiated and agreed upon by applicant and TDH if applicant is selected to negotiate a contract.

1. Contractor will meet eighty percent (80%) of the current STD Program Objectives and indicators. A listing of the current STD Program Objectives is included as the Appendix to this document.
2. Contractor will provide information and performance measures for any additional locally-established program objectives.
3. Contractor will provide the following STD clinical services:
  - A minimum of 90% of clients seeking STD diagnostic and/or treatment services at public STD clinics during normal operating hours will be examined, tested and/or treated the same day.
  - Clients seeking STD diagnostic and/or treatment services in public STD clinics shall be medically managed according to contractor written protocols in compliance with TDH HIV/STD Guidelines, January 1998, or most current version, and Centers for Disease Control and Prevention (CDC) STD Treatment Guidelines, 2002 (<http://www.cdc.gov/std/treatment/TOC2002TG.htm>).
4. Contractors will prepare and submit the following reports and narratives:
  - Narratives and progress reports on objectives, due semi-annually on January 31 and July 31 of the same calendar year in a format provided by TDH.
  - STD Management Information System (STD\*MIS) data, due weekly on Friday, no later than 5:00 p.m. Central Time.
  - Congenital Syphilis Case Investigation and Infant Syphilis Control Record, due to TDH thirty (30) calendar days after reported to the local health department.
  - Scannable forms or other comparable data collection systems supplied or approved by TDH for those clinic patients who receive prevention counseling and/or Infertility Prevention Project sentinel site services. Scannable forms shall be due no later than thirty (30) calendar days after initial prevention counseling session and/or sentinel site services. If contractor uses comparable data collection systems, contractor must establish a schedule with TDH prior to data submission.
5. Contractors will annually renew and update Memoranda of Understanding with HIV Prevention contractors.
6. Contractors will annually conduct an STD Clinic Client Satisfaction Survey.

## FORM F: WORK PLAN

### For State STD Services

*Applicants shall describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments. Address the required elements (see WORK PLAN Guidelines) associated with the services proposed in this renewal application. **A maximum of five (5) additional pages may be attached if needed.***

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## **FORM F: WORK PLAN Guidelines**

### **For State STD Services**

The applicant should describe its plan for performing HIV/STD disease intervention and prevention activities in the project area. The plan should include the following elements:

1. Describe activities to be performed for delivery of HIV/STD disease intervention, prevention and control services, including a table projecting the number of syphilis, HIV, gonorrhea and chlamydia interviews to be performed (a sample table is shown in Appendix B);
2. Describe specific activities to ensure that the applicant will accomplish statewide and locally-established objectives and progress indicators, as detailed above in the Introduction;
3. Describe how data is collected and tabulated, who will be responsible for data collection and reporting and how often data collection activities will occur;
4. Describe the Quality Assurance plan and processes that will enable the applicant to meet standards and expectations;
5. Describe coordination with other health and human services providers in the project area;
6. Describe any unmet needs in the project area and local plans to address them;
7. Describe the process to be used by the agency to determine the percentage of clients seeking STD diagnostic and/or treatment services at public STD clinics, as required by the "Performance Measure Guidelines (Form E). Provide the number and percentage of clients seeking services who received services on the same day during 2002.

# **FORM G: BUDGET SUMMARY** **For** **State STD Services**

**Legal Name of Applicant:** \_\_\_\_\_

Cost Categories	TDH Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$	\$	\$	\$	\$	\$ 0
B. Fringe Benefits	\$	\$	\$	\$	\$	\$ 0
C. Travel	\$	\$	\$	\$	\$	\$ 0
D. Equipment	\$	\$	\$	\$	\$	\$ 0
E. Supplies	\$	\$	\$	\$	\$	\$ 0
F. Contractual	\$	\$	\$	\$	\$	\$ 0
G. Construction	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0
H. Other	\$	\$	\$	\$	\$	\$ 0
I. Total Direct Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
J. Indirect Costs	\$	\$	\$	\$	\$	\$ 0
K. Total (Sum of I and J)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
L. Program Income - Projected Earnings	\$	\$	\$	\$	\$	\$ 0

**Indirect costs are based on (mark the statement that is accurate):**

- ☐ The applicant's most recently approved indirect cost rate \_\_\_\_\_ % A copy is attached behind the OTHER Budget Category Detail Form (FORM I6).
- ☐ The applicant's most recently approved indirect cost rate \_\_\_\_\_ % which is on file with TDH's Grants Management Division.
- ☐ Uniform Grant Management Standards. Complete an INDIRECT COST Budget Category Detail Form (FORM I7).

\*Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from other non-TDH state agencies. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.

## FORM G: BUDGET SUMMARY Instructions

An accurate budget plan is essential to achieve the performance measures and work plan set out in the narrative portion of the renewal application. All applicants shall complete the budget summary form. Be sure to refer to the appropriate sections in the renewal application for program-specific allowable and unallowable costs.

This form shall reflect funding from all sources that support the project described in this attachment. See "Detailed Budget Category Forms, Instructions" for definitions of cost categories. For purposes of this form, the column headings have the following meanings:

- Column 1: The amount of funds requested from the Texas Department of Health (TDH) for this project.  
Column 2: Federal funds awarded directly to applicant.  
Column 3: Funds awarded to applicant from other State of Texas governmental agencies.  
Column 4: Funds awarded to applicant by local governmental agencies (city, county, local health department, etc.).  
Column 5: Funds from other sources not previously addressed in columns 1-4 (third party reimbursements, private foundations, donations, fund-raising, etc.).  
Column 6: The sum of columns 1-5.

### **PROGRAM INCOME**

Program Income: Projected Earnings. Applicant shall estimate the amount of program income that is expected to be generated during the budget period.

DEFINITION: Program income is the income resulting from fees or charges made by a contractor in connection with activities supported in whole or in part by a federal/state contract. Program income earned as a result of an effort which is jointly funded by TDH and the contractor is to be shared by TDH and the contractor. A program income allocation plan is the means by which TDH's share is determined. The required formula for a plan is as follows:

$$\frac{\text{TDH's Share of Funding}}{\text{TDH's Share of Funding} + \text{Contractors Share of Funding}} \times \text{Total Program Income Collected} = \text{TDH's Share of Program Income}$$

Contractor shall disburse program income rebates, refunds, contract settlements, audit recoveries and interest earned on such funds before requesting cash payments including advance payments from TDH.

For more information about program income, refer to the Program Income Article in the General Provisions for TDH Grants Contracts and/or request a copy of TDH's Financial Administrative Procedures Manual from the Grants Management Division or on the Internet at [www.tdh.state.tx.us/grants/form\\_doc.htm](http://www.tdh.state.tx.us/grants/form_doc.htm).

### **INSTRUCTIONS:**

**Projected Earnings.** Applicant must enter on the BUDGET SUMMARY form the estimated amount of program income that is expected to be generated during the budget period.

#### **Examples Of Program Income**

- Fees received for personal services performed in connection with and during the period of contract support;
- Tuition and fees when the course of instruction is developed, sponsored, and supported by the applicable contract from state or federal sources;
- Sale of services such as laboratory tests or computer time;
- Payments received from patients or third parties for medical or hospital service, such as Title XIX or Title XX reimbursements, insurance payments, or patient fees. These payments may be made under either a cost reimbursement or a fixed price agreement;
- Lease or rental of films or video tapes; and
- Rights or royalty payments resulting from patents or copyrights developed or acquired by the contractor.

*[If using a unit cost reimbursement methodology, omit the Budget Summary Form and Budget Category Detail Forms and insert the appropriate unit cost forms and instructions. If a Program requires applicants to establish the unit rate, include the following statement as a renewal application budget requirement on the form: "Applicant certifies that the unit rate requested is the price given to applicant's most favored customer."]*

## FORM G: BUDGET SUMMARY Sample

Legal Name of Applicant: Apple County Health Department

Cost Categories	TDH Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$ 27,900	\$ 30,900	\$ 5,000	\$ 0	\$ 0	\$ 63,800
B. Fringe Benefits	\$ 4,032	\$ 5,030	\$ 1,000	\$ 0	\$ 0	\$ 10,062
C. Travel	\$ 1,373	\$ 2,070	\$ 5,00	\$ 0	\$ 0	\$ 3,448
D. Equipment	\$ 2,060	\$ 3,050	\$ 2,050	\$ 1,500	\$ 0	\$ 8,660
E. Supplies	\$ 45,000	\$ 46,000	\$ 20,000	\$ 5,500	\$ 0	\$ 116,500
F. Contractual	\$ 41,208	\$ 42,010	\$ 15,000	\$ 0	\$ 0	\$ 98,218
G. Construction	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0
H. Other	\$ 23,000	\$ 1,000	\$ 500	\$ 0	\$ 0	\$ 24,500
I. Total Direct Costs	\$ 144,573	\$ 130,060	\$ 44,050	\$ 7,000	\$ 0	\$ 325,683
J. Indirect Costs	\$ 2,025	\$ 900	\$ 650	\$ 0	\$ 0	\$ 3,575
K. Total (Sum of I and J)	\$ 146,598	\$ 130,960	\$ 44,700	\$ 7,000	\$ 0	\$ 329,258
L. Program Income --Projected Earnings	\$ 13,200	\$ 12,000	\$ 4,200	\$ 600	\$ 0	\$ 30,000

Indirect costs are based on (mark the statement that is accurate):

- ☐ The applicant's most recently approved indirect cost rate \_\_\_\_\_ % A copy is attached behind the OTHER Budget Category Detail Form (FORM I6).
- ☐ The applicant's most recently approved indirect cost rate \_\_\_\_\_ % which is on file with TDH's Grants Management Division.
- ☒ Uniform Grant Management Standards. Complete an INDIRECT COST Budget Category Detail Form (FORM I7).

\*Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from other non-TDH state agencies. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.

## FORM G-1: BUDGET JUSTIFICATION

### For State STD Services

*Provide a detailed budget justification of proposed State STD Services costs. In the event a contract is renewed, applicant agrees that this budget justification will be used as a basis for contract negotiations. **A maximum of five (5) additional pages may be attached if needed.***

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## FORM G-1: BUDGET JUSTIFICATION Sample

TOTAL

### A. PERSONNEL

70,284

[List each position. give a brief job description of 50 words or less. For each position listed, multiply the monthly salary or wages by the percentage of personnel time by the number of months which the salary is to be paid from this budget.]

Program Manager (Watson)	Amount
\$2,580/monthly X 40% X 12 = \$12,384	12,384

Supervises First Line Supervisors. Provides needed staff training. Coordinates STD Intervention. Prepares all required program reports. Evaluates staff performance and conducts quality assurance.

First Line Supervisor (Sanchez)	
\$2,450/months X 100% X 12 =	29,400

Supervises Disease Intervention Specialists (DIS) . Coordinates activities of DIS. Reviews pouches. Prepares required program reports.

Disease Intervention Specialist (McDade)	28,500
\$2,375/monthly X 100% X 12 = \$28,500	
Conducts STD intervention activities. Performs partner elicitation activities .	

### B. FRINGE BENEFITS

(Total)

[Itemize the cost of fringe benefits paid for employees, including employer contributions for Social Security, retirement, insurance and unemployment compensation. Fringe benefits requested must represent the actual benefits paid for employees.]

Example:

FICA: $0.765 \times \$70,284 =$	5,377
Insurance: cost per FTE x 2.40 FTEs =	\$
Worker's Comp: rate x salaries =	\$
Unemployment: rate x salaries =	\$

### C. STAFF TRAVEL

(Total)

[Budget the projected costs of transportation, lodging, meals, and related expenses for official staff business travel conducted in carrying out the contract. Out of state travel is only allowed with pre-approval from the TDH. Costs for travel to the bi-annual Texas HIV/STD Conference Austin and to staff training and development meetings should be included, if applicable. NOTE: Grantees who do not have written travel reimbursement policies must use TDH travel reimbursement rates as follows: \$.345/mile, \$30/day meals, \$80/day lodging.]

Example:



Mileage for DIS in service area: 1,242

\$0.345/mile X 300 miles/mo. X 12 months - \$1,242

Expenses for 3 staff members to attend Texas HIV/STD Conferences: 1,845

Airfare @ \$175 X 3 staff = \$525

Lodging @ \$80 X 4 days X 3 staff = \$960

Meals @ \$30 X 4 days X 3 staff = \$360

**D. EQUIPMENT**

**(Total)**

[Equipment is defined as tangible non-expendable property with an acquisition cost of over \$1000, including freight, and a useful life of more than one year, with the following exceptions: costs for FAX machines, stereo systems, cameras, video recorder/players, microcomputers, and printers with a unit cost of \$500 or more. Prior written approval from the TDH is required before grantee may acquire equipment. List each item, describe and explain use. Attach the Justification for Request for Equipment Purchase form for each piece of equipment requested.]

**E. SUPPLIES**

**2,200**

[This category is for the costs of materials and supplies necessary to carry out the project. It includes general office supplies, janitorial supplies, and any equipment with a purchase price, including freight, of less than \$1000 or less per item.]

**Example:**

General office supplies - \$100 mo x 12 mo 1,200

Phlebotomy supplies - \$1,000 1,000

**F. CONTRACTUAL**

**(Total)**

Whenever the applicant intends to delegate part of the activities identified in the scope of work to a third party, the cost of providing these activities is recorded in this category. If an applicant plans to enter into a contract in which a subrecipient will receive a substantial portion of the scope of the project, i.e. \$25,000 or 25% of the applicant's funding request whichever is greater, the applicant shall submit justification to TDH and receive prior written approval from TDH before entering into the contract. A detailed eight-category budget justification or fee-for-service budget must be submitted for each proposed subcontract.

**G. OTHER**

**(Total)**

[All other allowable direct costs not listed in any of the above categories are to be included in this category. Some of the major costs that should be budgeted in this category are:

1. Space and equipment rental
2. Staff Development and training
3. Utilities and telephone expenses
4. Printing and reproduction expenses
5. Lease (not purchase) of photocopier or other equipment

6. Postage and shipping
7. Temporary staff obtained through an employment agency
8. Contract CPA or bookkeeping services, or other contracts not related to direct client services
9. Cost of external audit
10. Insurance and bonds
11. Equipment repairs or services (maintenance agreements, etc.)
12. Books, periodicals, pamphlets, and memberships
13. Advertising
14. Conference registration fees and other training costs
15. Janitorial services
16. Consulting fees (not allowed for preparation of grants to the TDH). Requires prior approval from the TDH. May include cost of preparing HIV prevention grants from other sources. May include cost of technical assistance not provided by the TDH. Written justification must be submitted.
17. Contracts for administrative services.

**H. TOTAL DIRECT COSTS**

**(Total)**

[Enter the total of A - G above]

**I. INDIRECT COSTS**

**(Total)**

[A copy of the current negotiated indirect cost rate must be attached, if applicable. If there is no negotiated rate, applicant may recover up to 10% of the direct salary and wage costs of providing the service, excluding overtime and fringe benefits, subject to adequate documentation of salary and wage costs.]

**J. TOTAL BUDGET**

**(Total)**

# **Texas Department of Health**

## **Bureau of HIV & STD Prevention**

### **HIV Contractor Assurances**

#### **1. ADVOCATE AND PROMOTE**

The applicant agency assures that it does not advocate or promote conduct that violates state law, in compliance with the HIV Services Act, Texas Health and Safety Code, Section 85.011, as follows:

"Grants may not be awarded to an entity or community organization that advocates or promotes conduct that violates state law. This subsection does not prohibit the award of a grant to an entity or community organization that provides accurate information about ways to reduce the risk of exposure to or transmission of HIV."

#### **2. CONFIDENTIALITY**

The applicant agency and its employees or subcontractors, if applicable, provide assurance to the Texas Department of Health that confidentiality of all records shall be maintained. No information obtained in connection with the examination, care, or provision of programs or services to any person with HIV shall be disclosed without the individual's consent, except as may be required by law, such as for the reporting of communicable diseases. Information may be disclosed in statistical or other summary form, but only if the identity of the individuals diagnosed or provided care is not disclosed.

We are aware that the Health and Safety Code, §81.103, provides for both civil and criminal penalties against anyone who violates the confidentiality of persons protected under the law. Furthermore, all employees and volunteers who provide direct client care services or handle direct care records wherein they may be informed of a client's HIV status or any other information related to the client's care, are required to sign a statement of confidentiality assuring compliance with the law. An entity that does not adopt a confidentiality policy as required by law is not eligible to receive state funds until the policy is developed and implemented.

#### **3. CONFLICT OF INTEREST**

The applicant agency and its employees or subcontractors, if applicable, provide assurance to the Texas Department of Health that no person who is an employee, agent, consultant, officer, board member, or elected or appointed official of this agency, and, therefore, in a position to obtain a financial interest or benefit from an activity, or an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter shall participate in the decision making process or use inside information with regard to such activity. Furthermore, this agency will adopt procedural rules which require the affected person to withdraw from his or her functions and responsibilities or the decision-making process with respect to the specific assisted activity from which they would derive benefit.

#### **4. TUBERCULOSIS COLLABORATION**

The applicant agency assures the TDH that it maintains collaborative efforts with local Tuberculosis (TB) Control programs in order to insure that HIV and TB treatment and prevention services are provided to persons at risk of HIV and TB.

#### **5. DRUG-FREE WORKPLACE REQUIREMENTS**

The undersigned (authorized official signing for the applicant organization) certifies that it will provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about-
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will-
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2), above, from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), above, with respect to any employee who is so convicted-
  - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f), above.

## 6. POLICIES OF THE BUREAU OF HIV & STD PREVENTION

The applicant agency assures the TDH that it will abide by all policies of the Bureau of HIV and STD Prevention which apply to the programs being provided. A list of policies applicable to all HIV and STD contractors is provided at the Bureau website at <http://www.tdh.state.tx.us/hivstd/policy/default.htm>.

Signature of Authorized Certifying Official	Title
Date	
Legal Name of Applicant Organization	

## **V. APPENDIX**

## **STD Program Objectives For FY2004 State STD Services**

### **Syphilis Objectives**

1. At least 90% of reported early syphilis cases will be interviewed for sex partners, suspects, and associates.
2. At least 85% of interviewed early syphilis cases will be interviewed for sex partners, suspects, and associates within 3 days of confirmation of the case report.
3. Ensure that syphilis case management activities result in disease intervention for at least 60% of syphilis cases interviewed.
4. Achieve a partner index of at least 2.0 for early syphilis cases interviewed by DIS.
5. Achieve a cluster index of at least 1.0 for early syphilis cases interviewed by DIS.
6. Achieve a treatment index of at least .75 for early syphilis cases interviewed by DIS.
7. 85% of initiated and located in-jurisdiction neonatal and prenatal reactive serologic tests for syphilis (STS) will be dispositioned within 7 calendar days.
8. 80% of reactive STS from in-jurisdiction laboratories are reported to the local STD program within 7 calendar days of the test result.
9. 75% of initiated and located reactive STS are closed to final disposition within 7 calendar days of initiation.

### **HIV Objectives**

10. At least 95% of the eligible STD clinic clients are tested for HIV.
11. At least 90% of reported HIV cases will be interviewed (PCPE) for partners, suspects, and associates.
12. At least 85% of interviewed HIV-positive cases will be interviewed (PCPE) for partners, suspects, and associates within 3 days of confirmation of the case report.
13. Ensure that 90% of HIV-positive clients provided PCPE successfully complete their first early intervention appointment.
14. Achieve a partner index of at least 2.0 for newly diagnosed HIV-positive cases interviewed by DIS. Achieve a cluster index of at least 1.0 for newly diagnosed HIV-positive cases interviewed by DIS.
15. HIV test 75% of the initiated and located new partners, suspects, and associates of HIV-positive clients.

### **Gonorrhea and Chlamydia Objectives**

16. Achieve a partner index of at least 1.0 for GC cases interviewed by DIS.
17. Achieve a partner index of at least 1.0 for CT cases interviewed by DIS.
18. Assure adequate treatment of 90% of GC-infected women identified through publicly funded screening sites.
19. Assure adequate treatment of 90% of CT-infected women identified through publicly funded screening sites.